

**City of Hollywood**  
**Medical Insurance RFP Evaluation - Dual Plan Option**  
**Effective Date: January 01, 2017**

Carrier	CURRENT	
	Florida Blue	
	In-Network	Out of-Network
Network(s) Utilized	BlueOptions PPO	
<b>Calendar Year Deductible (CYD)</b>		
Individual	\$0	\$500
Family	\$0	\$1,500
<b>Out-of-Pocket Maximum</b>	<b>Includes CYD, Coinsurance, Copays; Excludes Rx</b>	
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Member Coinsurance	0%	40%
<b>Non-Hospital Services</b>		
Primary Care Physician Office Visit	\$40	CYD + 40%
Specialist Physician Office Visit	\$40	CYD + 40%
Preventive Care	No Charge	40%
Diagnostic lab	No Charge	CYD + 40%
Diagnostic X-ray	\$50	CYD + 40%
Advanced Imaging	\$50	CYD + 40%
<b>Hospital Services</b>		
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300
Physician Services at Hospital	No Charge	No Charge
Emergency Room Visit	\$50	\$50
Urgent Care	\$40	CYD + 40%
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient	\$250	\$750
Outpatient Visits	\$40	\$300
<b>Prescription Drugs</b>		
<b>Rx Deductible</b>	<b>\$50 per person</b>	
<b>Rx Out-of-Pocket Maximum</b>	<b>\$1,000 - Individual \$3,000 - Family</b>	
Generic	20%	50%
Preferred Brand	20%	50%
Non-Preferred Brand	20%	50%
Specialty	Fall under tier 1-3	50%
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%

PROPOSED		
Cigna		
In-Network	Out of-Network	In-Network Only
Open Access Plus		Open Access Plus
\$0	\$500	\$500
\$0	\$1,500	\$1,500
<b>Includes CYD, Coinsurance, Copays; Excludes Rx</b>		<b>Includes CYD, Coins, Copays; Excludes Rx</b>
\$1,500	\$3,000	\$3,000
\$3,000	\$6,000	\$9,000
0%	40%	20%
\$40	CYD + 40%	\$30
\$40	CYD + 40%	\$40
No Charge	40%	No Charge
No Charge	CYD + 40%	No Charge
\$50	CYD + 40%	\$50
\$50	CYD + 40%	\$50
<b>\$250</b>	\$750	\$500
<b>\$100</b>	\$300	\$250
No Charge	No Charge	CYD + 20%
\$50	\$50	\$200
\$40	CYD + 40%	\$75
\$250	\$750	\$500
<b>No Charge</b>	<b>CYD</b>	\$40
<b>\$50 per person</b>		<b>\$50 / \$150 Family</b>
<b>\$1,000 - Individual \$3,000 - Family</b>		<b>\$1,500 - I \$4,500 - F</b>
20%	50%	20%
20%	50%	20%
20%	50%	20%
Fall under tier 1-3	50%	Fall under tier 1-3
\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150

CYD = Calendar Year Deductible

**City of Hollywood**  
**Medical RFP Evaluation - Dual Plan Option**  
**Effective Date: January 1, 2017**

	CURRENT		PROPOSED	
	Florida Blue		Cigna	
Network	BlueOptions		Open Access Plus	
Rate Guarantee	Expires 12/31/16		60 Months	
Rate Guarantee Detail by Year	--		1,2 & 3	Yr. 4      Yr. 5
Composite Rate	2,322	\$38.40	\$29.02	\$29.60      \$30.19
<b>Annual Administration Cost <sup>(1)</sup></b>		<b>\$1,069,978</b>	<b>\$808,613</b>	
<b>\$ Increase/Decrease</b>		--	<b>-\$261,364</b>	
<b>% Increase/Decrease</b>		--	<b>-24.4%</b>	
<b><u>SPECIFIC STOP LOSS</u></b>		<b>Florida Blue</b>	<b>Cigna</b>	
<b>Specific Deductible</b>		<b>\$350,000</b>	<b>\$350,000</b>	
Covered Benefits		Medical & Rx	Medical & Rx	
Contract Basis		48/12	12/12 TLO	
Annual Max Reimbursement		Unlimited	Unlimited	
Single	1,306	<b>\$18.85</b>	<b>\$31.75</b>	
Family	<u>1,016</u>	<b>\$48.29</b>	<b>\$31.75</b>	
<b>Annual Premium</b>	2,322	<b>\$884,169</b>	<b>\$884,682</b>	
<b>\$ Increase/Decrease</b>		--	<b>\$513</b>	
<b>% Increase/Decrease</b>		--	<b>0.1%</b>	
<b><u>AGGREGATE STOP LOSS</u></b>		<b>Florida Blue</b>	<b>Cigna</b>	
Covered Benefits		Medical & Rx	Medical & Rx	
Annual Max Reimbursement		<b>\$1,000,000</b>	<b>\$1,000,000</b>	
Aggregate Premium (PEPM)	2,322	<b>\$1.50</b>	<b>\$2.00</b>	
<b>Annual Premium</b>		<b>\$41,796</b>	<b>\$55,728</b>	
<b>\$ Increase/Decrease</b>		--	<b>\$13,932</b>	
<b>% Increase/Decrease</b>		--	<b>33.3%</b>	
<b>Total Fixed Costs</b>		<b>\$1,995,942</b>	<b>\$1,749,023</b>	
<b>\$ Increase/Decrease</b>		--	<b>-\$246,919</b>	
<b>% Increase/Decrease</b>		--	<b>-12.4%</b>	
<b><u>EXPECTED CLAIMS COST</u></b>		<b>Florida Blue</b>	<b>Cigna</b>	
Single	1,306	\$632.94	\$941.70	\$814.40
Family	<u>1,016</u>	\$1,519.06	\$941.70	\$814.40
<b>Annual Expected Claims Cost</b>	2,322	<b>\$28,439,927</b>	<b>\$26,239,417</b>	<b>\$22,692,442</b>
<b>\$ Increase</b>		--	<b>(\$2,200,509)</b>	<b>(\$5,747,485)</b>
<b>% Increase</b>		--	<b>-7.7%</b>	<b>-20.2%</b>
<b>TOTAL EXPECTED COST</b>		<b>\$30,435,869</b>	<b>\$27,988,441</b>	<b>\$22,692,442</b>
<b>\$ Increase/Decrease</b>		--	<b>-\$2,447,429</b>	<b>-\$7,743,428</b>
<b>% Increase/Decrease</b>		--	<b>-8.0%</b>	<b>-25.4%</b>
<b><u>MAXIMUM CLAIMS COST</u></b>		<b>125% Corridor</b>	<b>125% Corridor</b>	
Single	1,306	\$791.18	\$1,177.12	\$1,018.00
Family	<u>1,016</u>	\$1,898.83	\$1,177.12	\$1,018.00
<b>Annual Expected Claims Cost</b>	2,322	<b>\$35,549,908</b>	<b>\$32,799,272</b>	<b>\$28,365,552</b>
<b>\$ Increase</b>		--	<b>(\$2,750,637)</b>	<b>(\$7,184,356)</b>
<b>% Increase</b>		--	<b>-7.7%</b>	<b>-20.2%</b>
<b>TOTAL MAXIMUM COST</b>		<b>\$37,545,851</b>	<b>\$34,548,295</b>	<b>\$28,365,552</b>
<b>\$ Increase/Decrease</b>		--	<b>-\$2,997,556</b>	<b>-\$9,180,299</b>
<b>% Increase/Decrease</b>		--	<b>-8.0%</b>	<b>-24.5%</b>

(1) Cigna cost savings based on administrative fee for Years 1-3. Premium increases by 2% in Year 4 and by 4% in Year 5 as compared to fee in Years 1-3.

SCHEDULE OF BENEFITS	CURRENT				PROPOSED			
	Florida Combined Life		CIGNA - Package w/ Medical		Low		High	
	Low	High	Low	High	Low	High	Low	High
	In Network	Non Network	In Network	Non Network	In Network	Non Network	In Network	Non Network
<b>Plan Basics</b>								
Annual Benefit Maximum	\$1,000		\$2,000		\$1,000		\$2,000	
<b>Deductibles</b>								
Single	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Orthodontia-Specific Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Ded. Waived for Preventive Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Benefits</b>								
Preventive	100%	80%	100%	80%	100%	80%	100%	80%
Basic	80%	70%	80%	70%	80%	70%	80%	70%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services (Child Only)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Service Information</b>								
Out of Network Benefits Payable Level	90% U&C		90% U&C		90% U&C		90% U&C	
Waiting Period (Timely Entrants)	None		None		None		None	
Orthodontic Lifetime Maximum	\$1,000		\$2,000		\$1,000		\$2,000	
Endodontics / Periodontics	Basic		Basic		Basic		Basic	
Rate Guarantee	Expires 12/31/16				36 Months+ 2 yr. Cap			
<b>Fixed Costs</b>								
ASO Fee PEPM	1,864	\$3.77		\$2.35				
<b>Monthly Premium</b>	<b>\$7,027</b>				<b>\$4,380</b>			
<b>Annual Premium</b>	<b>\$84,327</b>				<b>\$52,565</b>			
<b>\$ Increase/Decrease</b>	<b>N/A</b>				<b>-\$31,763</b>			
<b>% Increase/Decrease</b>	<b>N/A</b>				<b>-37.7%</b>			
<b>Proposed Budget Rates</b>								
Employee	623	236	\$29.28	\$63.28	\$29.28	\$63.28	\$63.28	
Employee + One Dependent	310	209	\$49.49	\$103.84	\$49.49	\$103.84	\$103.84	
Employee + Family	279	207	\$68.16	\$141.27	\$68.16	\$141.27	\$141.27	
<b>Combined-Plans Monthly Funding</b>	<b>\$118,480</b>				<b>\$118,480</b>			
<b>Combined Annual Premium</b>	<b>\$1,421,754</b>				<b>\$1,421,754</b>			
<b>\$ Increase/Decrease</b>	<b>N/A</b>				<b>\$0</b>			
<b>% Increase/Decrease</b>	<b>N/A</b>				<b>0.0%</b>			

**City of Hollywood**  
**Flexible Spending Account Administration RFP Evaluation**  
**Effective Date: January 1, 2017**

	<b>CURRENT / RENEWAL</b>	<b>PROPOSED</b>
	<b>TASC</b>	<b>P&amp;A Group</b>
<b>Account Administration</b>	Flexible Spending Accounts	Flexible Spending Accounts & Health Reimbursement Accounts
<b>Debit card setup fee</b>	Included	Included
<b>First Year Set-up fee</b>	Included	Included
<b>Annual renewal fee</b>	Included	Included
<b>Plan Design, Documents and Forms costs</b>	Included	Included
<b>Claim submission options</b>	TASC Card, Mobile App, Web Wizard/MyTASC, Fax, Auto Claim Feed, Mail	Paper, Fax, Mobile upload
<b>Claims turnaround, processing and payment timing</b>	24 Hours	24/7 claims processing & daily per bank calendar. 2 - 3 business days if direct deposit & 3 - 5 business days for manual check
<b>Direct deposit of reimbursements</b>	Yes	Yes
<b>Secure Employer &amp; Employee Web Portals</b>	<a href="http://www.tasconline.com">www.tasconline.com</a>	<a href="http://www.padmin.com">www.padmin.com</a>
<b>Electronic enrollment kits</b>	Yes	Yes
<b>Printed/Paper enrollment kits</b>	N/A	Included
<b>Employee Communications</b>	Included	Included
<b>Reporting capabilities</b>	Included; Online, IVR Mobile App. Real time updates	24/7 live reporting via online portals
<b>Customized Group Employee Education Meeting</b>	Included	Included
<b>Non-Discrimination testing</b>	Included	Included
<b>Rate Guarantee</b>	<b>36 Months</b>	<b>60 Months</b>
<b>Monthly Administration Fee PPPM</b>	<b>\$3.25</b>	<b>\$3.60</b>
<b>Monthly Premium</b>	<b>\$4,420</b>	<b>\$4,896</b>
<b>Annual Premium</b>	<b>\$53,040</b>	<b>\$58,752</b>
<b>\$ Increase / Decrease</b>	--	<b>\$5,712</b>
<b>% Increase / Decrease</b>	--	<b>10.8%</b>

City of Hollywood  
 Vision Insurance Renewal Evaluation  
 Effective Date: January 1, 2017



VSP VISION PLAN OPTIONS	Plan 1		Plan 2		Plan 3		
	In Network	Non Network	In Network	Non Network	In Network	Non Network	
<b>Copays</b>							
Exam	\$10	Up to \$45	\$10	Up to \$45	\$10	Up to \$45	
Materials	\$25	Varies	\$20	Varies	\$10	Varies	
<b>Frequency</b>							
Exam	12 Months		12 Months		12 Months		
Lenses	12 Months		12 Months		12 Months		
Frames	24 Months		24 Months		24 Months		
<b>Benefits Payable</b>							
	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	<i>Copay</i>	<i>Reimbursed</i>	
Single Lenses	\$25	Up to \$30	\$20	Up to \$30	\$10	Up to \$30	
Bifocal Lenses	\$25	Up to \$50	\$20	Up to \$50	\$10	Up to \$50	
Trifocal Lenses	\$25	Up to \$65	\$20	Up to \$65	\$10	Up to \$65	
Polycarbonate Lenses, UV Coating, Scratch Coating and Photochromic lenses	Additional cost	N/A	Covered in Full	N/A	Covered in Full	N/A	
<b>Lenses and Frames</b>							
Contact Lenses (Elective)	\$100 Allowance & Max copay \$60 for CL Exam	Up to \$105	\$130 Allowance & Max copay \$20 for CL Exam	Up to \$105	\$150 Allowance & Max copay \$10 for CL Exam	Up to \$105	
Frames	\$100 allowance \$120 if 'Collection' & 20% off any balance	Up to \$70	\$130 allowance \$150 if 'Collection' & 20% off any balance	Up to \$70	\$150 allowance \$170 if 'Collection' & 20% off any balance	Up to \$70	
Extra Savings & Discounts	20% off additional glasses & sunglasses	N/A	20% off additional glasses & sunglasses	N/A	20% off additional glasses & sunglasses	N/A	
<b>Rate Guarantee</b>							
	24 Months		24 Months		24 Months		
<b>Rates</b>	<u>1</u>	<u>2</u>	<u>3</u>	<i>Current</i>	<i>Renewal</i>		
Employee	98	57	345	\$4.71	\$6.08		
Employee + 1	33	41	250	\$9.42	\$12.16		
Employee + 2 or more	22	21	222	\$15.17	\$19.57		
Monthly Premium	153	119	817	\$1,106	\$1,428		
Annual Premium				\$13,274	\$17,132		
\$ Increase				--	\$3,858		
% Increase				--	29.1%		
<b>Total Combined Annual Premium</b>				<b>2016</b>		<b>2017</b>	
				\$197,820		\$255,258	
<b>\$ Increase</b>				--		<b>\$57,438</b>	
<b>% Increase</b>				--		<b>29.0%</b>	